

Key Takeaways: HIDDEN



HFpEF

Heart failure with preserved ejection fraction in patients typically over 60 years old



INTOLERANCE

to standard HF therapies, i.e., ACEi / ARB and beta blockers



DISCORDANCE

between QRS voltage and LV wall thickness



DIAGNOSIS

of carpal tunnel syndrome or lumbar spinal stenosis



ECHO

showing increased LV wall thickness



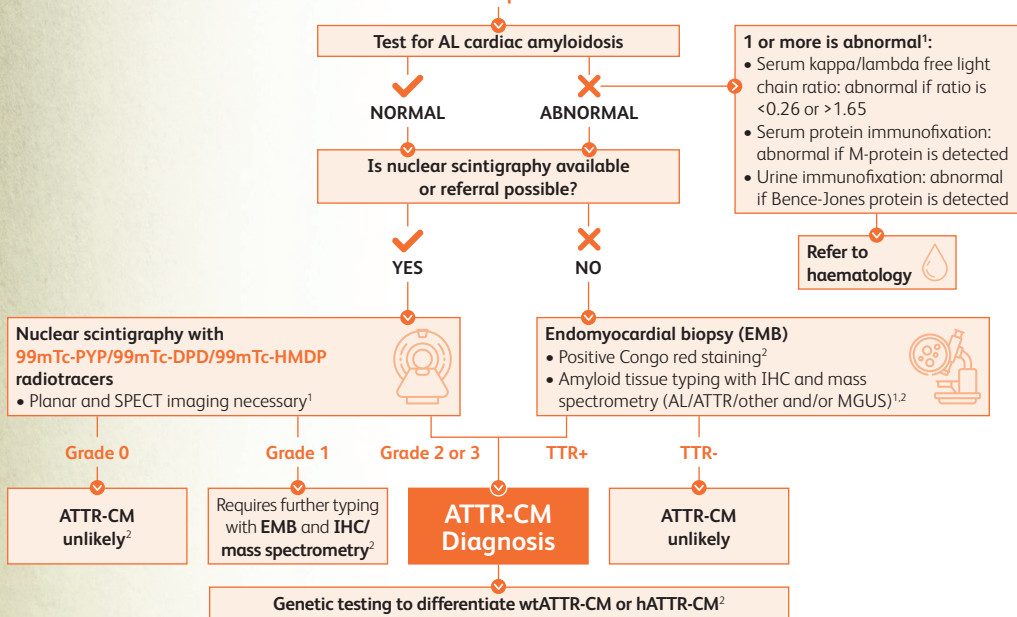
NERVOUS SYSTEM

Autonomic nervous system dysfunction, including GI complaints or unexplained weight loss

LV=left ventricular.

Mohammed SF, et al. JACC Heart Fail. 2014;2(2):113-122. Oerlemans MIFJ, et al. Neth Heart J. 2019;27(11):525-536. Maurer MS, et al. Circ Heart Fail. 2019 Sep;12(9):e006075.

Increased clinical suspicion for ATTR-CM



hATTR-CM, hereditary transthyretin amyloid cardiomyopathy; IHC, immunohistochemistry; MGUS, monoclonal gammopathy of undetermined significance; TTR, transthyretin; wtATTR-CM, wild-type transthyretin amyloid cardiomyopathy. **References:** 1. Maurer MS, Bokhari S, Damy T, et al. Expert consensus recommendations for the suspicion and diagnosis of transthyretin cardiac amyloidosis. *Circ Heart Fail.* 2019;12(9):1-11. doi:10.1161/CIRCHEARTFAILURE.119.006075. 2. Gillmore JD, Maurer MS, Falk RH, et al. Nonbiopsy diagnosis of cardiac transthyretin amyloidosis. *Circulation.* 2016;133(24):2404-2412.